



ACCREDITATION CANADA



Driving Quality Health Services

Executive Summary

Unison Health and Community Services

Toronto, ON

On-site survey dates: September 15, 2014 - September 18, 2014

Report issued: October 1, 2014



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

About the Executive Summary

Unison Health and Community Services (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in September 2014.

This Executive Summary is an overview of the on-site survey results. More information is available in the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties. Any alteration of this Executive Summary compromises the integrity of the accreditation process and is strictly prohibited.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate this Executive Summary to staff, board members, clients, the community, and other stakeholders.

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Section 1 Executive Summary

Unison Health and Community Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization’s leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Unison Health and Community Services’s accreditation decision is:

Accredited with Commendation (Report)

The organization has surpassed the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: September 15, 2014 to September 18, 2014**

- **Locations**

The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

- 1 Jane-Trethewey
- 2 Lawrence Heights
- 3 Pathways

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards









- 1 Customized Infection Prevention and Control
- 2 Customized Managing Medications
- 3 Governance
- 4 Leadership Standards for Small Community-Based Organizations

Service Excellence Standards

- 5 Primary Care Services
- 6 Community Health Services

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	31	1	0	32
 Accessibility (Providing timely and equitable services)	12	2	0	14
 Safety (Keeping people safe)	95	5	7	107
 Worklife (Supporting wellness in the work environment)	48	1	0	49
 Client-centred Services (Putting clients and families first)	41	1	0	42
 Continuity of Services (Experiencing coordinated and seamless services)	18	0	0	18
 Effectiveness (Doing the right thing to achieve the best possible results)	156	9	1	166
 Efficiency (Making the best use of resources)	25	0	0	25
Total	426	19	8	453

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	42 (95.5%)	2 (4.5%)	0	34 (100.0%)	0 (0.0%)	0	76 (97.4%)	2 (2.6%)	0
Leadership Standards for Small Community-Based Organizations	34 (91.9%)	3 (8.1%)	0	57 (96.6%)	2 (3.4%)	0	91 (94.8%)	5 (5.2%)	0
Customized Infection Prevention and Control	36 (100.0%)	0 (0.0%)	1	10 (90.9%)	1 (9.1%)	1	46 (97.9%)	1 (2.1%)	2
Customized Managing Medications	31 (96.9%)	1 (3.1%)	2	13 (100.0%)	0 (0.0%)	0	44 (97.8%)	1 (2.2%)	2
Community Health Services	13 (100.0%)	0 (0.0%)	0	54 (98.2%)	1 (1.8%)	0	67 (98.5%)	1 (1.5%)	0
Primary Care Services	33 (97.1%)	1 (2.9%)	0	60 (90.9%)	6 (9.1%)	0	93 (93.0%)	7 (7.0%)	0
Total	189 (96.4%)	7 (3.6%)	3	228 (95.8%)	10 (4.2%)	1	417 (96.1%)	17 (3.9%)	4

* Does not includes ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Leadership Standards for Small Community-Based Organizations)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership Standards for Small Community-Based Organizations)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership Standards for Small Community-Based Organizations)	Unmet	1 of 1	0 of 2
Patient Safety Goal Area: Communication			
Dangerous Abbreviations (Customized Managing Medications)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership Standards for Small Community-Based Organizations)	Unmet	2 of 2	1 of 2
Client Safety: Education And Training (Leadership Standards for Small Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small Community-Based Organizations)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Workplace Violence Prevention (Leadership Standards for Small Community-Based Organizations)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Customized Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Customized Infection Prevention and Control)	Met	2 of 2	0 of 0
Reprocessing (Customized Infection Prevention and Control)	Met	1 of 1	1 of 1

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The Unison Health and Community Services (Unison) organization is commended on preparing for and participating in the Qmentum survey program. The organization's board of directors functions effectively regarding its governance responsibilities and meets regularly. The board receives reports from its three committees which are the quality, finance and governance committees. It also receives regular reports from senior management which update the board on critical activities in the organization. Board member recruitment, orientation and training are well established in policy and protocol. It is noted the board was actively engaged in the organization's community needs assessment and the subsequent development of its strategic plan. There exists a well-established rapport and working relationship between the board and senior management. Also noted is the board's support to the organization's creation of key strategic priorities pertaining to client safety and quality improvement.

During the on-site survey participants of the Community Partners' focus group discussed their relationships with Unison and offered feedback on key strengths of the organization and where some opportunities for improvement may be realized. Community partners were aware of Unison's major effort in conducting its community needs assessment and noted that it readily shared the results with its partner agencies. While the partners did have input to the strategic plan specific to their respective agency issues, many claimed not to have seen the actual plan. The focus group spoke highly of Unison's communication referring to it as responsive, open, transparent, frank, and solution-oriented. It was also noted that a variety of communication tools are used to enhance communication efforts. Also discussed was the high turn-over rate amongst some of the staff positions in the organization, which has affected consistency of communication in some areas. During an open discussion on where opportunities to expand Unison's services might be realized several suggestions were made. These include: improving integration of the interdisciplinary team between agencies; increasing the capacity for youth development; standardizing programs/services across all Unison sites; expanding the service of addressing client needs that do not have a status; further developing mental health support for transitional aged youth; further developing violence prevention initiatives, and working in partnership with hub pharmacy services to treat the abuse of prescription medications.

The Unison Health and Community Services leadership has effectively taken the organization through its recent merger of two smaller organizations in 2010 including embarking on a new and expanded mandate. The challenges of moving forward while developing a new organizational culture were significant and again, the strong leadership and support during this time of change is recognized. Recent needs assessment and strategic planning have provided the organization with a new sense of direction in meeting the health and wellness and primary care needs of the communities the organization serves. More recently, the organization's leadership has been instrumental in moving the organization through its system changes using the principles of quality improvement and actively seeking accreditation as a form of external quality improvement.

In general, feedback from staff members regarding worklife is positive. They feel well communicated to by leadership and are aware of upcoming challenges and issues the organization may be facing from time-to-time. The implementation of new programs, systems and technology has been shared with staff. Leadership uses a variety of tools to communicate with staff members, the most common being e-mail and face-to-face. All staff members have position descriptions that outline their roles and responsibilities and they regularly receive performance evaluations from their respective program/service manager. Staffs' human resources files are kept up-to-date and secure. The work environment in the facilities appears to be clean and open with staff space set aside from the client service areas. The space is kept secure and access is controlled. Staff members feel supported by leadership in their work and appreciate the open door policy that program/service managers use.

Staff members are well trained for their respective roles and the organization supports professional development and continuing education. Many of the educational offerings are done at staff meetings while others are considered for their value to both the employee and the organization.

Insofar as delivery of care and services the organization prides itself on addressing the social determinants of health to meet clients where they are at and address barriers to health care. Innovations are noted in the provision of services to uninsured clients, the integration of care coordination, the counselling and social work in primary care and the partnerships with schools and families in the Pathways program. Care delivery at hubs expands the scope of service and accessibility for clients. The organization is encouraged to participate in co-planning with hub partners to appreciate the client journey from intake to discharge across the spectrum of hub services.

Client satisfaction is formally measured by the organization using surveys on a regular basis. Anecdotal comments from clients during the on-site survey suggest a high degree of satisfaction with staff members and the care and services provided. There is a complaints process available to clients and their families should they need to voice concern about the quality of care received or dissatisfaction with the service provided. The organization prides itself in being client-centred. Its relationship with clients and their level of satisfaction with care and services is an important measure of performance.